

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/530910  
APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8						
9						
10						
11		1				
12		1				
13		1				
14		1				
15		1				
16	1	1				
17		1				
18		1				
19						
20						
21						
22						
23						
24		1				
25						
26						
27						
28						
29						
30		1				
31						
32						
33						
34						
35		1				
36		1				
37						
38						
39						
40						
41						
42	1					
43		1				
44		1				
45		1				
46		1				
47		1				
48		1				
49						
50						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1	1				
52		1				
53	1	1				
54		1				
55	1	1				
56		1				
57		1				
58		1				
59		1				
60	1	1				
61		1				
62		1				
63	1	1				
64		1				
65		1				
66	1	1				
67		1				
68		1				
69						
70						
71		1				
72		1				
73	1	1				
74		1				
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82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	2	↓		↓		↓
TOTAL DEP.	33	←		←		←
TOTAL CLAIMS	40					